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WEEKLY CLAIM
Maine Enterprise Option Program – MEO

Worker's Name and Mailing Address

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Check Here
If New
Address ☐

Social Security No.

Week Ending Date (Saturday)

REMARKS:

FOR OFFICE USE ONLY

EARNINGS			
DEP			
Regular		Straight	
		Special	
S	Period MM/DD/YY	Sect. of Law	Dec

ANSWER ALL QUESTIONS TRUTHFULLY

- Were you fully able to work each day of the week claimed? ☐ YES ☐ NO
If "NO," explain _____
- Did you receive any of the following – Bonus Pay, Vacation Pay, Holiday Pay, Dismissal Wages, Wages in Lieu of Notice, Social Security, or a Pension – during the week claimed? ☐ YES ☐ NO
Type Pay _____ Amount Paid \$ _____ Date Received _____
- Did you work or earn any money in self-employment during the week claimed? ☐ YES ☐ NO
A. Name of Business _____
- Did you work or earn money with an employer during the week claimed? ☐ YES ☐ NO
A. If "YES," Employer Name & Address _____
B. Dates Worked _____ Gross Earnings \$ _____ * ☐ Check if Estimate
*** Important Note:** *You cannot be sent a check* until you provide proof of the amount you earned. If you do not know the exact amount of your earnings, enter an estimate and provide proof of the exact amount within 14 days.
C. Are you still employed by an employer? ☐ YES ☐ NO
If "NO," give date of separation _____
Reason for separation: ☐ Lay Off ☐ Discharged (Fired) ☐ Voluntary Quit
- Have you returned to full time work? ☐ YES ☐ NO
A. If employed full time, give date work started _____
B. Are you withdrawing from the MEO program? ☐ YES ☐ NO
If "YES," give date _____
- Are you claiming benefits for dependent children? (If "YES," complete A, B, and C) ☐ YES ☐ NO
A. Was your spouse employed **full time** during the week claimed? ☐ YES ☐ NO
B. Does your spouse contribute some support to dependents? ☐ YES ☐ NO
C. Explain any changes in number of dependents claimed in the Remarks section above.
- If your telephone number has changed, please enter new number here: _____



SUPPLEMENTAL INFORMATION – MEO PROGRAM

1. Did you participate in approved training during the week claimed? ☐ YES ☐ NO
Facility: _____ Dates: _____ * HOURS: _____
2. Did you meet with your Local Enterprise Coordinator (LEC) at your local CareerCenter for technical assistance or counseling during the week claimed? ☐ YES ☐ NO
CareerCenter: _____ Dates: _____ * HOURS: _____
3. Did you attend any workshops or business seminars during the week claimed? ☐ YES ☐ NO
Facility: _____ Dates: _____ * HOURS: _____
4. Did you do any market research or conduct marketing activities, such as promotion, advertising, sales calls, during the week claimed? ☐ YES ☐ NO
Describe: _____ * HOURS: _____
5. Did you work on your business plan during the week claimed? ☐ YES ☐ NO
Describe: _____ * HOURS: _____
6. Did you purchase inventory, equipment, or other necessary supplies during the week claimed? ☐ YES ☐ NO
Describe: _____ * HOURS: _____
7. Did you work on product development during the week claimed? ☐ YES ☐ NO
Describe: _____ * HOURS: _____
8. Did you have any sales activity during the week claimed? ☐ YES ☐ NO
Describe: _____ * HOURS: _____
9. Did you do any record keeping during the week claimed? ☐ YES ☐ NO
Describe: _____ * HOURS: _____
10. Did you perform other activities not listed above during the week claimed? ☐ YES ☐ NO
Describe Activities: _____ * HOURS: _____

Total Hours *

*** NOTE:** To be eligible for MEO benefits, you need to perform **40 hours of self-employment activities** and record them (including training seminars, business counseling, etc.) each week, regardless if there is a holiday.

CERTIFICATION: I certify that all statements for the week covered by this claim are true and correct. I know the law imposes penalties for false statements made on this claim. I am not seeking any other State or Federal unemployment insurance.

Sign Here _____ **Date** _____

MAIL TO:

Maine Department of Labor
Bureau of Unemployment Compensation
Special Programs Unit
P.O. Box 259
Augusta, ME 04332-0259

QUESTIONS?

Call: (207) 287-4560
Fax: (207) 287-3395
TTY: 1-800-794-1110